

EPI Update for Friday October 27, 2006

## **Center for Acute Disease**

### **Epidemiology**

Iowa Department of Public Health

**Items for this week's EPI Update include:**

- **Zostavax (zoster Vaccine)**
- **Influenza vaccine review 2006**
- **What vaccines do you need?**
- **Breast Cancer Awareness Month - Reducing your risk**
- **Happy Halloween**
- **Meeting announcements and training opportunities**

#### **Zostavax (zoster vaccine)**

Herpes zoster (HZ), commonly known as shingles or zoster, is a manifestation of the reactivation of varicella zoster virus (VZV), which as a primary infection produces chicken pox (varicella). Following initial infection, the virus remains latent in the dorsal root or cranial sensory ganglia until it reactivates, producing zoster. Shingles has a high burden of disease with over 1 million cases annually. Fifteen to 30 percent of people will develop shingles during their lifetime with the risk being greatest among immunosuppressed and the elderly. Because the nerves along the path become inflamed, shingles can also be painful. Pain that lasts for months after the rash has healed is called post herpetic neuralgia (PHN). For some people, this pain can be severe and chronic.

On May 25, the Food and Drug Administration (FDA) licensed Zostavax, for use in people 60 years of age and older for the prevention of shingles. Zostavax is given as a single dose injection. In persons 60 years of age and older, the vaccine reduced the occurrence of shingles by about 50 percent. The vaccine was most effective in people 60-69 years of age; 64 percent disease reduction. Among those who were vaccinated with Zostavax but who still developed shingles, the duration of pain was shorter. Use of the vaccine in people with prior history of shingles has not been studied. Zostavax is not indicated for the treatment of zoster or PHN.

#### **Influenza vaccine review 2006**

Influenza vaccine contains three virus strains, two type A viruses and one type B virus. The exact composition changes year to year. Inactivated influenza vaccine contains killed viruses. In contrast, the nasal spray contains live attenuated viruses. Although, whole-virus vaccines are still used in some countries and are highly effective, in the United States only subviral, split, subunit, purified surface antigen vaccines are used. These vaccines retain the immunogenic properties of the viral proteins but are associated with greatly reduced reactogenicity. This language split, subunit has led to some provider confusion, thinking it was half of a 0.5 ml. dose.

When determining influenza vaccine dosing, consider the following:

1. Age of the recipient; for children 6 months through 35 months, the dose is 0.25 ml.
2. Previously unvaccinated children 6 months through 8 years of age (less than 9 years old), should receive 2 doses of vaccine (inactivated one month apart, live-attenuated 6 weeks apart). Dose of vaccine is dependent on the recipient's age. A child 6 through 35 months should receive 0.25 ml. Persons 36 months (3 years old) and older should receive 0.5 ml.
3. Vaccine manufacturer, brands are licensed for specific ages, refer to the chart on the Web site below.

For more information, visit [www.cdc.gov/mmwr/preview/mmwrhtml/rr5510a1.htm#tab4](http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5510a1.htm#tab4)

### **What vaccines do you need?**

There is an easy and quick quiz for adults and adolescents on the National Immunization Programs web site that can serve as a guide for recommended vaccines. Once the quiz is complete you can print out individual recommendations and a talking points guide to take to your health care provider. Please visit [www2.cdc.gov/nip/adultimmsched](http://www2.cdc.gov/nip/adultimmsched).

### **Breast Cancer Awareness Month - Reducing your risk**

There are ways you can help lower your risk of breast cancer:

- Control your weight and exercise. Make healthy choices in the foods you eat and the kinds of drinks you have each day. Stay active.
- Know your family history of breast cancer. If you have a mother, sister, or daughter with breast cancer, ask your doctor what your risk is of getting breast cancer and how you can lower your risk.
- Some women use hormone replacement therapy (HRT) to treat the symptoms of menopause. Ask your doctor about the risks and benefits of HRT and find out if hormone replacement therapy is right for you.
- Limit the amount of alcohol you drink.
- Get screened for breast cancer regularly. By getting the necessary exams, you can increase your chances of finding out early on, if you have breast cancer and increase your chances of long term survival.

For more information, visit [www.cdc.gov/cancer/breast/basic\\_info/facts.htm](http://www.cdc.gov/cancer/breast/basic_info/facts.htm).

### **Happy Halloween**

For many people, fall events like Halloween and Harvest Day are fun times to dress up in costumes, go trick-or-treating, attend parties, and eat yummy treats. These events are also opportunities to provide nutritious snacks, get physical activity, and focus on safety. Below are tips to help make the festivities fun and safe for trick-or-treaters and party guests.

- Expecting trick-or-treaters or party guests?

- Provide more nutritious treats for trick-or-treaters, such as individual packs of raisins, trail mix, and pretzels. For party guests, offer a variety of fruits, vegetables, and cheeses.
- Use party games and trick-or-treat time as an opportunity for kids to get their daily dose of 60 minutes of physical activity.
- Be sure walking areas and stairs are well-lit and free of obstacles that could result in falls.
- Keep candle-lit jack-o'-lanterns and luminaries away from doorsteps, walkways, landings, and curtains. Place them on sturdy tables, keep them out of the reach of pets and small children, and never leave them unattended.
- Remind drivers to watch out for trick-or-treaters and to drive safely.

Follow these tips to help make the festivities fun and safe for everyone. For more information go to [www.cdc.gov/women/owh/halloween](http://www.cdc.gov/women/owh/halloween).

### **Meeting announcements and training opportunities:**

#### ***2006 – 2007 Influenza Update ICN:***

What: The 2006-2007 Influenza Update

Where: Iowa Communication Network (ICN)

When: 12:00 p.m. – 2:00 p.m. on Wednesday, Nov. 1

Who: Iowa's influenza surveillance clinicians, health care providers, laboratorians, public health practitioners and infection control professionals

For more information, visit the University Hygienic Laboratory Web site at [www.uhl.uiowa.edu/educationoutreach/conferencesevents/influenzaworkshop/index.xml](http://www.uhl.uiowa.edu/educationoutreach/conferencesevents/influenzaworkshop/index.xml).

#### ***Teleconference for health care providers***

Nov. 9, 2006, 12:00 p.m. – 1:00 p.m. - “Seasonal Influenza, Antivirals and *Clostridium difficile*” (A call in telephone number will be provided following receipt of registration form)

Philip M. Polgreen, M.D.

Assistant Professor

Department of Internal Medicine

Division of Infectious Disease

University of Iowa

#### **Objectives:**

- To discuss clinical aspects of seasonal influenza, including vaccine and antivirals.

- To understand the connection of Clostridium difficile to antibiotic use and seasonal influenza.

For a registration form, visit

[www.idph.state.ia.us/adper/common/pdf/cade/grandround\\_2006\\_registration.pdf](http://www.idph.state.ia.us/adper/common/pdf/cade/grandround_2006_registration.pdf).

***Tuberculosis: Diagnosed in 24 Hours***

Tuesday November 14, 2006

Audio Conference

12-1 p.m.

Fee: Free for Iowa residents

Register online at: <http://www.nltm.org/009-06>

If difficulties registering call 240-485-2727 or email [registrart@aphl.org](mailto:registrart@aphl.org)

**Have a healthy and happy week!**  
**Center for Acute Disease Epidemiology**  
**Iowa Department of Public Health**  
**800-362-2736**